

Tom Daly, County Clerk-Recorder

Attention: Vital Records
P.O. Box 238
Santa Ana, Ca 92702

Dear Sir or Madam:

In re: _____ Our File No.: _____

There is a legal matter now pending in which certified copies of the following document(s) will be necessary to complete the investigation.

- ☐ We are requesting an AUTHORIZED copy. *(If requesting an authorized copy in person you must sign under penalty of perjury in the presence of Clerk-Recorder staff. If requesting by mail you must sign under penalty of perjury (on the backside of this form) and provide a notarized statement .*
- ☐ We are requesting an INFORMATIONAL copy.

BIRTH

Name on record (first, middle, last):

Date of Birth:

City of Birth:

Father's Name:

Mother's Maiden Name :

MARRIAGE

Groom's name (first, middle, last):

Mother's Maiden Name (first, middle, last):

Date of Marriage:

City of Marriage:

DEATH

Decedent name (first, middle, last):

City Death occurred:

Date of Death:

The above document will be used for ***official county business only***. Thank you for your cooperation in this matter.

Please note: Only one copy will be issued free of charge and multiple copy requests will be closely monitored.

Requestor Information:

Name (Print) _____ Signature _____

Department _____ Phone # _____

Date of Request _____

Note: If submitting your order by mail, you must have your sworn statement notarized using the Certificate of Acknowledgment below. Only one notarized statement is required per order not per certificate.

SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of the
(Printed Name)

State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive an authorized certified copy of the birth, marriage or death record of the following individual(s):

Name of Person Listed on Certificate	Relationship to Person Listed on Certificate

Sworn this _____ day of _____, 20____, at _____, _____
(Day) (Month) (City) (State)

(Signature)

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)
County of _____) ss

On _____, before me personally appeared

_____.

____ personally known to me, or ____ proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

(NOTARY SEAL)
